

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name

Il Eckler Campaign

Bill

c. ID Number

b. Mailing Address (include City, State and Zip Code)

1696 Clark Road
Rutherfordton, NC 28139

RECEIVED

APR 26 2010

d. Date Filed

2-8-2010

e. Phone Number

828-287-8724

2. Report Year

2010

3. Period Start Date (mm/dd/yy)

02/08/10

4. Period End Date
(mm/dd/yy)

04/17/2010

5. Treasurer Full Name

George Earl Padgett

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

9. Type of Report

(check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day

- ☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☒ Organizational
☐ Quarterly

- ☒ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum

- ☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

8. Number of Fundraisers this Report

One

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Wachovia-Rutherfordton

b. Purpose

Campaign

c. Account Code

001

d. Period Begin Balance

\$ 200.00

11. Account Information

a. Financial Institution Full Name

N/A

b. Purpose

N/A

c. Account Code

N/A

d. Period Begin Balance

\$ N/A

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

George Earl Padgett

Printed Name of Signer

George Earl Padgett
Signature of Appointed Treasurer

4-26-10
Date

FOR OFFICE USE ONLY

Date Received:

4-26-10

Employee:

[Signature]

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment
☒ Yes ☐ No

| | | | | | |
|--|--|-----------------------------|--|---------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
| Bill Eckler Campaign | | 1st | | | |
| Start of Election Cycle: January 1, 2010 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 200.00 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 757.90 | | \$ 757.90 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 1979.67 | | \$ 1979.67 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ | | \$ | |
| 9) Loan Proceeds (CRO-1410) | | \$ 300.00 | | \$ 564.03 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ | | \$ | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ | | \$ | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ | | \$ | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ | | \$ | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d) | | \$ 3037.57 | | \$ 3301.60 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 202.90 | | \$ 266.93 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | | \$ | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ | | \$ | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ | | \$ | |
| 15) Loan Repayments (CRO-1420) | | \$ | | \$ | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 643.67 | | \$ 643.67 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 999.67 | | \$ 999.67 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 1846.24 | | \$ 1910.27 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1391.33 | | \$ 1391.33 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 264.03 | | | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | | \$ | | | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | | \$ | | | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ | | | |
| 25) Administrative Support (CRO-1710) | | \$ | | \$ | |
| 26) Forgiven Loans (CRO-1440) | | \$ | | \$ | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ | | \$ | |
| 28) Contributions to be Refunded (CRO-1215) | | \$ | | \$ | |

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)

2. ID Number

3. Contributor Information

| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
|---------------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> Add | 001 | Check | | 02/18/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 02/18/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 02/18/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 02/18/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 02/18/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Cash | | 02/18/2010 | \$ 7.90 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 02/18/2010 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 02/18/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 02/18/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 02/18/2010 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Cash | | 02/18/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Cash | | 02/18/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | | Food | 02/18/2010 | \$ 10.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | | Food | 02/18/2010 | \$ 10.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 03/20/2010 | \$ 35.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Cash | | 03/29/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Cash | | 03/29/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 04/06/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 04/14/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | Check | | 04/14/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | |

4. Total only this Page

\$ ~~472.90~~ 757.90

5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

\$ 757.90

Contributions from Individuals

Pg 1 of 2 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Bill Eckler Campaign | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) William Parton 491 Lawing Mill Road Union Mills, NC 28167 | | | b. Job Title/Profession | | d. Comments | |
| | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | \$ 1,000.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 001 | Check | | 03/29/2010 | \$ 1,000.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | \$ | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | \$ | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,000.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 1,000.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | 1999.67 1336.00 | |

Contributions from Individuals

Pg 2 of 3 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|-------------------------------|--|------------------------|--------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Bill Eckler Campaign | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| Zoran Naskov 516 Starview DR Rutherfordton NC 28139 828-288-8058 | | | | c. Employer's Name/Specific Field | | |
| | | | | | | e. Election Sum to Date \$ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 001 | | fund expenses | 2/18/10 | \$ 269.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| Heather Hutchinson 1324 McEntire Rd Rutherfordton NC 28139 828-286-2595 | | | | c. Employer's Name/Specific Field | | |
| | | | | | | e. Election Sum to Date \$ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 001 | | char prize & food | 2-18-2010 | \$ 67.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | | e. Election Sum to Date \$ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 336.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 1979.47 -1336.00 | |

Contributions from Individuals

Pg 3 of 3 Amendment ☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|-----------------|--------------------|------------------------|-----------------------------------|---------------------|-------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Bill Eckler Campaign | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| William E Eckler JR 1496 Clark Rd Rutherfordton NC 28139 | | | | Farmer | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | | Self-Employed | | \$ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | Signs used his c/c. | | \$ 643.67 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| | | | | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | | | | \$ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| | | | | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | | | | \$ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 643.67 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | \$ 11979.67 | |
| | | | | | 643.67 | |

In-Kind Contributions

Pg 1 of 3 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|--|--|---|------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Bill Eckler Campaign | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Zoran and Jennifer Naskov 516 Starview Drive Rutherfordton, NC 28139 828-288-8058 | | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments d. Election Sum to Date \$ 269.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Fundraiser expenses | | 02/18/2010 | \$ 269.00 ✓ |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Heather Hutchinson 1324 McEntire Road Rutherfordton, NC 28139 828-286-2595 | | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments d. Election Sum to Date \$ 67.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Fundraiser door prize and food | | 02/18/2010 | \$ 67.00 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Christina Greene 1369 Moss Road Rutherfordton, NC 28139 828-288-7121 | | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments d. Election Sum to Date \$ 10.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Food for fundraiser | | 02/18/2010 | \$ 10.00 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ 346.00 | |
| 5. Total of ALL CRO-1510 Pages | | \$ 999.67 | |
| <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | | |

In-Kind Contributions

Pg 2 of 2 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|--|---|--|--|
| 1. Committee Full Name (and Fund if applicable) Bill Eckler Campaign | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Kassie Wilson 431 Jack McKinney Road Forest City, NC 28043 828-248-3535 | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ 10.00 | |
| e. Description food for fundraiser | f. Date (mm/dd/yyyy) 02/18/2010 | g. Fair Market Amount \$ 10.00 | |
| | | | |
| | | | |
| | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ | |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount | |
| | | | |
| | | | |
| | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ | |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount | |
| | | | |
| | | | |
| | | | |
| 4. Total only this Page | | | |
| | | \$ 10.00 | |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | | |
| | | \$ 356.00 999.67 | |

In-Kind Contributions

Pg 3 of 3 Amendment ☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|--|---|---|--|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Bill Eckler Campaign | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> William E. Eckler JR 1696 Clark Rd Rutherfordton NC 28139 | b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ | |
| e. Description Bought signs w/ credit card | f. Date (mm/dd/yyyy) 4-9-10 | g. Fair Market Amount \$ 643.67 | |
| | | \$ | |
| | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ | |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount \$ \$ \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ | |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount \$ \$ \$ | |
| 4. Total only this Page | | \$ 643.67 | |
| 5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small> | | \$ 999.67 643.67 | |

Disbursements

Pg 1 of 1 Amendment ☒ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | | | | | | | |
|--|--------------------|-----------------|----------------------|---|---------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| Bill Eckler Campaign | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| Innovative Concepts 226 Smith Grove Rd. Forest City NC 28043 | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ 102.90 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | B | 2/17/10 | \$ 30.71 | cards | | |
| 1 | CK | B | 3/25/10 | \$ 72.19 | cards | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| Betsy Ross 4-H Club | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CK | A | 4/9/10 | \$ 100.00 | Adv. | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | | | |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) | | | | | | | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | 202.90 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Refunds/Reimbursements From the Committee

Pg 1 of 1 Amendment ☒ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| | | | | |
|---|--|--|-----------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| Bill Eckler Campaign | | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| William E. Eckler Jr 1696 Clark Rd Rutherford NC 28139 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 4-9-10 |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered | | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | i. Original Receipt Amount |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 643.67 |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | P | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Farmer | Self | — | | 1 |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| Check | to pay for items on c/c | | 4-9-10 | \$643.67 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | i. Original Receipt Amount |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| | | | | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | \$ |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | i. Original Receipt Amount |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| | | | | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | \$ |
| 4. Total only this Page | | | | \$ |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 643.67 |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit | | | | |
| P* - Reimbursement of In-Kind O* Other | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | |

Loan Proceeds

Pg 1 of 1 Amendment ☒ Yes ☐ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

| | | | | | |
|--|----------------------------|--|---------------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Bill Eckler Campaign | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| William E Eckler Jr 1696 Clark Rd Rutherfordton NC 28139 | | Farmer | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | Self | | 3-4-2010 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | 4-17-2010 | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | k. Amount | |
| 0% | 0 | 1 | | \$ 300.00 | |
| l. Full Name of Lending Institution | | | | m. Loan Number | |
| Self | | | | | |
| 4. Endorsers/Makers (The people who guarantee the loan.) | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | | |
| | | d. Percentage | | e. Amount | |
| | | | | % \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | | |
| | | d. Percentage | | e. Amount | |
| | | | | % \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | | |
| | | d. Percentage | | e. Amount | |
| | | | | % \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | | |
| | | d. Percentage | | e. Amount | |
| | | | | % \$ | |
| 5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | | \$ 300.00 | |

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan:

Bill Eckler Campaign

- Person lending money to committee (Lender):

Bill Eckler

- Date of loan to committee: 3-4-10

- Name of lending institution and account number (source):

Self

- Amount of loan: 300.00

- Names of all parties responsible for payment of loan (guarantors):

Bill Eckler

- Period of loan: 12 mo.

- Rate of interest of loan: 0

- Security pledged for loan: 0

X _____, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

X _____
Signature of Lender

X _____
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Outstanding Loans

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| | | | | | |
|---|----------------------------|--|---------------------|-----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | | |
| Bill Eckler Campaign | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| William E. Eckler, Jr. 1696 Clark Road Rutherfordton, NC 28139 828-287-8924 | | Farmer | | 02-08-2010 | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | Self | | 07-08-2010 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | 04-17-2010 | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| 0 % | | \$ 264.03 | | \$ 264.03 | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| Self | | | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | | | | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| % | | \$ | | \$ | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| | | | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | | | | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| % | | \$ | | \$ | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| | | | | | |
| 4. Total only this Page | | | | \$ 264.03 | |
| 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100) | | | | \$ 264.03 | |